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APPLICANTS

Ramesh Keshavaraj, Peachtree City, GA;

** CONTINUING DATA *****

None *Full*

** FOREIGN APPLICATIONS *****

None *Full*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature	Initials		

ADDRESS

John E. Vick, Jr.
Legal Department
M-495
P.O. Box 1926
Spartanburg, SC
29304

TITLE

Side protection airbags and method of making side protection airbags

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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